

AHRQ Quality Indicator Training from A to Z

Training Conducted by Experienced RTI, International and AHRQ Staff¹

Date and Time: Tuesday, May 25, 2004 from 1p.m. to 4:30pm and continue on Wednesday, May 26, 2004 from 8:30 a.m. to Noon; adjacent to the Annual A²IRNET 2004 Meeting (web site: <http://www.aairnet.com>).

Place: Snow King Resort in Jackson Hole, Wyoming

In response to industry need, the Agency for Healthcare Research and Quality (AHRQ) has created a user-friendly tool to use in quality monitoring and surveillance activities by health care decision makers—the AHRQ Quality Indicators (QIs). The QIs are currently organized into three groups:

- Prevention Quality Indicators (PQIs), ambulatory care sensitive conditions that evidence suggests may have been avoided through high-quality outpatient care,
- Inpatient Quality Indicators (IQIs), reflect quality of care inside hospitals and include mortality for medical conditions and surgical procedures, utilization of procedures for which there are questions of overuse, underuse or misuse, and volume of procedures for which there is evidence that a higher volume is associated with lower mortality,
- Patient Safety Indicators (PSIs), focus on surgical complications and other iatrogenic events reflective of hospital quality of care.

A detailed explanation of the AHRQ QIs can be found at: <http://www.qualityindicators.ahrq.gov>.

The QIs were created to inform health care planning, support evidence-based policy development, and facilitate quality monitoring and surveillance activities. These QIs are constructed using existing hospital discharge data and can be integrated into existing information infrastructures. AHRQ has developed software, which can be used in conjunction with SAS or SPSS, to calculate QI rates from inpatient discharge data derived from the Nationwide Inpatient Sample (NIS), the State Inpatient Database (SID) that are part of AHRQ's Healthcare Cost and Utilization Project (HCUP)², or any hospital administrative data.

This intensive, 6-hour session will be conducted over 2 days; and is intended to help participants understand how: (1) QIs are constructed, (2) resulting data output can be interpreted, and (3) results can be used for surveillance and quality improvement activities. Part of the session will include the opportunity to do some hands on work with the data based on case studies tailored to the needs of hospital association and health system users. All participants will receive a training manual of workshop materials that will serve as a reference tool to support future applications of the QIs.

Program Objectives By the completion of the 6 hour program participants will:

- (1) Have a general understanding of the development of the QIs, the purpose of each type of QI, the evidence base for their inclusion as part of the suite of AHRQ quality tools, where to access data and software used to construct the QIs and benefits and limitations of using the QIs for quality improvement or comparative reporting.
- (2) Have an understanding of select measurement issues that are likely to be encountered when using the QIs.
- (3) Use activity-based learning experiences related to indicator construction, data output interpretation, and application of results for quality monitoring and surveillance activities.
- (4) Have an opportunity for an interactive forum for participant Q&A.
- (5) Leave with a set of reference tools that can be used to support future application.

Who Should Attend? Current or future QI users including health care quality managers, quality improvement staff, data analysts, and administrators.

¹ More on RTI, International can be found at www.rti.org; more on AHRQ can be found at www.ahrq.gov.

² More on HCUP data can be found at www.ahrq.gov/hcup.